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Different approaches to caring for multicultural populations

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SUMMARY

- Historical background of concern for multicultural health care
- Comparison with other sectors : education and management
- Different conceptions of "multicultural care"

Colonialism (1500-1950)	Monoculturalism (1950-1980)	Multiculturalism (1980-)
<i>Assumptions :</i> Genetic and cultural superiority of the "white race"	Desirability of cultural homogeneity ; superiority of "Western culture"	Equal rights are a precondition of social cohesion
<i>Policy :</i> Segregation, discrimination	Assimilation of cultural minorities	Integration with respect for own cultural or ethnic identity
<i>Service provision :</i> Limited access for non-whites and working class	Oriented towards dominant culture ; minorities must adapt	Multicultural care : provisions adapted to the diversity of the users

Two areas in which cultural diversity is relevant :

- *International* (comparisons between countries, transfer of expertise)

- *National* (health care for culturally diverse societies)

Samuel Cartwright (Louisiana physician), in *New Orleans Medical and Surgical Journal* (1851) :

- ***Drapetomania*** : causes blacks to have an uncontrollable urge to run away from their masters. Treatment : whipping.

- ***Dysaesthesia Aethiopica*** : disobedience, answering disrespectfully and refusing to work. Treatment : hard labour.

Relation to other sectors :

- **Education :**

- colonial era
- monocultural era
- multicultural era

- **Management :**

- "compensating for disadvantage"
- "commitment to diversity"

Different notions of "multicultural" care :

- "Deficit" approach

- "Empowerment" approach

Some issues in multicultural health care provision :

- Categorical or integrated services ?
- Dangers of "culturalism"
- Importance of contribution from
 - users
- Accessibility
- Quality of service (effectiveness)
- "cultural appropriateness"

Questions for eliciting a patient's explanatory model :

- What do you think has caused your problem ?
- Why do you think it started when it did ?
- What do you think your sickness does to you ? How does it work ?
- How bad [severe] do you think your illness is ? Do you think it will last a long time, or will it be better soon, in your opinion ?
- What kind of treatment would you like to have ?
- What are the most important results you hope to get from treatment ?
- What are the chief problems your illness

has caused you ?

- What do you fear most about your sickness ?

Kleinman et al., 1978

The peculiar characteristics of modern Western explanatory models :

- Tendency to medicalise or psychologise

- Dualism of mind/body, self/others

- Faith in scientific professionals and especially in pills and talking

- Expectation of non-authoritarian and detached

- relationship with person giving help

Implications for practice :

- Qualitative research

- Ways of bridging the gap :
 - Change the client

 - Change the professional

 - Appoint a mediator

- Dangers of too much emphasis on "goodness of fit"